

(1) PLACE OF BIRTH

County of Richland

Township of Langley

Inc. Town of

City of Wear Langley

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

30800

Registration District No. R. 1. 7 Registered No. 142  
(For use of Local Registrar)

(2) Full Name of Child John S. Hazel

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? — (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 26 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Johnnie Hazel  
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Aiken S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Grace Clark  
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Aiken S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 4 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Paul Hazel  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga

Given name added from a supplemental report  
..... 191  
.....  
Registrar

(26) Witness Lattie Hazel  
(Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Nov 3 1923 (28) L. W. Spradley Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.  
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